

the ulcers were in progress of cicatrization. 2nd. That although administered exclusively per anum, the remedy had extended its action beyond the ileo-cæcal valve, and communicated to the inferior portion of the small intestine, the greyish colour observed over the whole extent of the mucous membrane of the large intestine. Dr. B. says it is an error, though a common one, to attribute to the nitrate of silver a local action, and as not exerting any influence beyond the surface with which it is placed in contact. Dr. B. recommends the crystallized salt to be employed as the purest. When given by the mouth, Dr. B. recommends the following formula:—*R. argent nitrat. crystal. gr. vj; aq. puræ q. s. solve. et adde ad saturand. gum. tragacanth. vel amylum. M. fil. pilul. No. xij.* One to be taken every half hour until the desired number, as 4, or 8, &c. are taken.

17. *Case of Jaundice.—Vomiting.—Effects of Creosote.*—We formerly mentioned the high value attached by Dr. ELLIOTTSON to the creosote as an antiemetic remedy. The following case affords a striking instance illustrative of the powers of the article.

"Phillis Mosely, æt. 66, was admitted into the North London Hospital July 23d, under the care of Dr. Elliottson. Has been unwell for four months past; her illness commenced with sickness, vomiting, and a constant pricking sensation of the whole surface of the body. She has had no medical advice. These symptoms continued at intervals, and about two months ago she first noticed a yellowness of the eyes, and, soon after, of the whole surface of the body. The appearance of the jaundice was not preceded by any other symptoms than those which had existed for some time previous; viz. vomiting, and the tingling sensation. From her own statement, she appears not to have had any symptoms of hepatitis at this time.

On the 14th instant she came under the care of Dr. Carswell, who gave her two grains of calomel, and three of compound powder of ipecacuanha every night, and 5ij of castor oil every morning; and ordered a blister to the epigastrium, to be dressed with savine ointment. She has received much benefit from this plan of treatment, the yellowness of the eye, &c., having been much decreased. Her gums are a little tender from the mercury; there is some tenderness of the right hypochondrium; she has had frequent rigors for a fortnight past. Bowels regular. Before she came to Dr. Carswell, her motions were clay-coloured, their colour is now more natural. Tongue a little furred and dry. Thirst; pulse moderate. Urine high-coloured. Face yellow, and the superficial vessels enlarged and reticulated, as they are usually seen in organic abdominal disease.

July 24. Cupped in the right side to ten ounces—low diet.

26. The pain in the side relieved, there is now no tenderness of the hypochondrium, or epigastrium. Extremities cold. The sickness and vomiting continue at intervals, in the manner in which they commenced four months ago, without any abatement of their severity. One minim of creosote was ordered every two hours, and ten grains of the compound extract of colocynth every night.

29. There was no sickness after the first dose of the creosote. Skin warm and moist.

30. Still better, jaundice decreasing. Omit the creosote.

August 6. There has been no sickness or vomiting since the creosote, and she was so well on the 9th as to be discharged cured.

Dr. Elliottson in lecturing on this case, pointed particularly to the fact of the long continued vomiting being at once relieved by the creosote. Many persons had denied the efficacy of this medicine in cases of vomiting; but he considered that the cases in which those persons had employed the medicine were not proper ones—that inflammatory condition of the stomach was present—or that they had not given the medicine long enough, for in some cases it was necessary to give large doses, and continue them for some time. It had been said that creosote did not act better in these cases than other remedies for vomiting, such as hydrocyanic acid, &c., but his experience gave creosote the preference, the case above was one of the most striking instances of it, however, he had ever met with, the long continuance of the symptoms being its chief peculiarity."—*Lancet*, Aug. 20th, 1836.

18. *Chloride of Soda in Amenorrhæa.*—M. CHAILLY states that the liquid chlo-

ret of the oxide of sodium, given in the dose of from 30 to 60 drops in a pint of wine and water, in the twenty-four hours, promptly brings on the menstrual discharge when suppressed, and renders it abundant when deficient.—*Revue Médicale*, Aug., 1836.

19. *Inula Helenium in Leucorrhœa*.—M. DE LENS extols the efficacy of the *Inula helenium* (elecampane) in the treatment of chronic leucorrhœa, and in lymphatic affections. He employs the root in decoction, in the dose of from 2 to 4 drachms for four cups of water reduced to three, which the patient takes during the day, in three doses. He thinks that an infusion of the root may be as efficacious as this preparation, and it seems the most rational one from the aromatic nature of the article.—*Ibid*.

20. *Sore Nipples*.—Dr. ALLARD has successfully employed for the cure of this troublesome complaint a solution of the nitrate of silver, (two grains of the salt to one ounce of distilled water). The nipples were washed with this every time after taking the child from the breast.—*Journ. de Med.*, 4-c. Sept. 1836.

21. *Cure for Tetter*.—Dr. SAVARDAN, in a communication in the *Journ. des Connaiss. Med. Chirurg.* for January, 1836, boasts of having obtained great success in the treatment of tetter, (*dartres*), by an ointment composed of one part of the sulphuret of lime and eight parts of lard. This ointment is rubbed on the affected part with the palm of the hand, for a quarter of an hour, morning and evening.

22. *On Scarlet Fever, as it prevailed epidemically in Edinburgh, during the autumn and winter of 1835-6*.—Scarlet fever has been so extensively prevalent during the last few years in the United States, and its results have been so frequently fatal, that any observations calculated to throw light on its nature and treatment cannot but be read with interest. The following extracts, therefore, from an account of the scarlet fever as it prevailed in Edinburgh, by Dr. JAMES STARK, will, therefore, we are sure, be acceptable to our readers.

"The autumn of 1835 set in with cold rainy weather, which continued with few intercessions the greater part of that period. In the latter part of the summer months and beginning of the autumnal, diarrhœas and dysentery prevailed to a great extent, and many fatal cases occurred, as well amongst children as adults. Sore throats and scarlatina succeeded these complaints. The first cases I witnessed occurred about the latter end of September. It was not confined to any particular district of the town, nor to any particular rank of life, though generally speaking, it raged with the greatest violence in those close confined situations, where numbers are crowded together in small apartments, in which, from the want of ventilation, and other means to prevent its extension from one member of the family to another, all the younger individuals were usually attacked with the disease. In some instances the elder members of the family were also affected.

"In the same family the duration and also the severity of the disease varied much. The three forms of the disease, *scarlatina simplex*, *scarlatina anginosa* and *scarlatina maligna*, have in many cases been witnessed in as many members of one family. Whilst one has had the disease so mild as scarcely to confine the patient to bed, another has died of the disease on the third or fourth day of attack,—or has only made a lingering recovery, after life had been almost despaired of.

"During the prevalence of scarlet fever amongst children, a similar affection of the throat prevailed to a considerable extent amongst adults. In many cases this appeared in the adult members of the same family, during, or immediately subsequent, to its prevalence amongst the younger branches. In many cases, however, no such connexion could be traced. Isolated instances of the same affection occurred in individuals who had no communication with others labouring under a similar disease, or with *scarlatina*; but in none of the instances of the latter class was the disease communicated to others with whom they had intercourse, though the symptoms differed in no respect from those which happened in *scarlatina* itself.